



## Provider Communication

<b>Subject:</b> COB/TPL Claims Policy Clarification	<b>Priority:</b> <b>High</b>
<b>Date:</b> March 22, 2005	<b>Message ID:</b> ACSBNR-03222005-1

### *Dear Provider:*

There has been some misunderstanding about COB/TPL and Medicare Crossover claims. Please read the following information if you are submitting COB/TPL claims.

### **Where to Send Inpatient (Medicare Part B Only)/Medicare Part A Exhausted Claims**

The Department of Community Health TPL Unit **only** receives inpatient hospital claims containing type of bill 111 for dually eligible members who either don't have Part A Medicare or whose Part A Medicare is exhausted, but only after the provider has filed and received payment for any Medicare Part B covered ancillary services. This unit does **not** handle or process crossover claims. If you do have this type of claim, send it to the address below:

Department of Community Health  
Third Party Liability Unit  
2 Peachtree Street, NW  
39<sup>th</sup> Floor  
Atlanta, GA 30303-3159

Please note that PA's should NOT be entered on the Part B Crossover claim. That could cause your subsequent IP claim to deny.

To ensure proper processing, please send **all other** COB/TPL or Medicare Crossover claims to the following address:

ACS  
P.O. Box 5000  
McRae, GA 31055

### **DMA-312 (COB/TPL Accident Information Report Form)**

Only use the DMA-312 (COB/TPL Accident Information Report Form) in accordance with Part I Policies and Procedures Manual, Section 303.5. Use the DMA-312 when you choose not to bill Medicaid immediately in anticipation of receiving payment from a liable party in a tort action. Claims with the DMA-312 are not processed. This is used only for notification of the potential claim and gives the provider a timely filing extension of up to 24-months.